

276/277 Health Care Claim Status Inquiry and Response

Companion Transaction Specifications

Version 1.0

Disclaimer

This Companion Document is intended to be a technical document describing the specific technical and procedural requirements for interfaces between DES and its trading partners. It does not supersede either health plan contracts or the specific procedure manuals for various operational processes. If there are conflicts between this document and either the provider contracts or operational procedure manuals, the contract or procedure manual will prevail.

Substantial effort has been taken to minimize conflicts or errors; however, DES or its employees will not be liable or responsible for any errors or expenses resulting from the use of information in this document. If you believe there is an error in the document, please notify DES Immediately.

276 Inquiry

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
	ST	ST01	Transaction Set Identifier Code	276	Health Care Claim Status Request
	ST	ST02	Transaction Set Control Number		Must match the number in SE02 at the end of the transaction
	BHT	BHT01	Hierarchical Structure Code	0010	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
	BHT	BHT02	Transaction Set Purpose Code	13	Request
	BHT	BHT04	Transaction Set Creation Date		Creation Date
2000A	HL	HL01	Hierarchical ID Number	1	The HL segment in Loop 2000A is the first HL segment in this transaction
2000A	HL	HL03	Hierarchical Level Code	20	Information Source
2000A	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2100A	NM1	NM101	Entity Identifier Code	PR	Payer
2100A	NM1	NM102	Entity Type Qualifier	2	Non Person Entity
2100A	NM1	NM103	Name Last or Organizational Name		DDD
2100A	NM1	NM108	Identification Code Qualifier	PI	Payer Identification
2100A	NM1	NM109	Payer Identifier		Carrier Plan ID The specific ID will be indicated in a later version.
2000B	HL	HL01	Hierarchical ID Number	2	The HL Segment within the 2000B Information Receiver Level Loop is the second HL Segment in the transaction.
2000B	HL	HL02	Hierarchical Parent ID Number	1	The level of the HL Segment to which this HL Segment is subordinate.
2000B	HL	HL03	Hierarchical Level Code	21	Information Receiver

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2000B	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2100B	NM1	NM101	Entity Identifier Code	41	Information Receiver
2100B	NM1	NM102	Entity Type Qualifier	1 2	Person Non Person
2100B	NM1	NM103	Name Last or Organizational Name		Last Name if Receiver is Person Organizational Name if Receiver is Non Person Will be used to filter search results if the search by Identification Number yields multiple results
2100B	NM1	NM108	Identification Code Qualifier	FI	Federal Taxpayer Identification Number
2100B	NM1	NM109	Information Receiver Identification Number		Information Receiver's Federal Taxpayer Identification Number
2000C	HL	HL01	Hierarchical ID Number	3	The HL Segment within the 2000C Service Provider Level Loop is the third HL Segment in the transaction.
2000C	HL	HL02	Hierarchical Parent ID Number	2	The level of the HL Segment to which this HL Segment is subordinate.
2000C	HL	HL03	Hierarchical Level Code	19	Provider of Service
2000C	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2100C	NM1	NM101	Entity Identifier Code	1P	Provider
2100C	NM1	NM102	Entity Type Qualifier	1 2	Person Non Person
2100C	NM1	NM103	Name Last or Organizational Name		Last Name if Provider is Person Organizational Name if Provider is Non Person Will be used to filter search results if the search by Identification Number yields multiple results
2100C	NM1	NM108	Identification Code Qualifier	SV	Service Provider Number

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2100C	NM1	NM109	Identification Code		Provider's AHCCCS ID Number
2000D	HL	HL01	Hierarchical ID Number	4	This is the fourth and the last HL segment for the 276, as DDD members do not have dependents. Also, for DDD only one Subscriber should be included within each ST/SE segment
2000D	HL	HL02	Hierarchical Parent ID Number	3	The level of the HL Segment to which this HL Segment is subordinate.
2000D	HL	HL03	Hierarchical Level Code	22	Subscriber
2000D	HL	HL04	Hierarchical Child Code	0	Additional subordinate HL Data Segment in this hierarchical structure
2100D	NM1	NM101	Entity Identifier Code	QC	As the subscriber is the patient use QC
2100D	NM1	NM102	Entity Type Qualifier	1	Person
2100D	NM1	NM103	Name Last or Organizational Name		Member Last Name
2100D	NM1	NM104	Name First		Member First name
2100D	NM1	NM108	Identification Code Qualifier	MI	Member Identification Number
2100D	NM1	NM109	Subscriber Identifier		The member's AHCCCS ID
2200D	TRN	TRN1	Trace Type Code	1	Current Transaction Trace Number
2200D	TRN	TRN2	Trace Number		When provided the trace number is used as an additional search criteria when the primary search by member, provider and total amount yield multiple results
2200D	REF	REF01	Reference Identification Qualifier	1K	DDD assigned Claim Reference Number (CRN)
2200D	REF	REF02	Payer Claim Control Number		When provided the DDD assigned Claim Reference Number (CRN) is used as an additional search criteria when the

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
					primary search by member, provider and total amount yield multiple results
2200D	REF	REF01	Reference Identification Qualifier	BLT	Institutional Claim Bill Type
	REF	REF02	Bill Type Identifier		Provide the Claim Bill Type for all Institutional Claims. Bill Type is used as an additional search criteria when the primary search by member, provider and total billed amount yields multiple results
2200D	REF	REF01	Reference Identification Qualifier	EA	Medical Record Identification Number
2200D	REF	REF02	Medical Record Number		Provide when known. The Medical Record Number will be used as additional search criteria when the primary search by member, provider and total billed amount yields multiple results
2200D	AMT	AMT01	Amount Qualifier Code	T3	Total submitted charges
2200D	AMT	AMT02	Total Claim Charge Amount		Will be used along with member and provider information to search for the claim
2200D	DTP	DTP01	Date/Time Qualifier	232	Claim dates of service
2200D	DTP	DTP02	Date Time Period Format Qualifier	RD8	Date range
2200D	DTP	DTP03	Claim Service Period		Provide the start and end date of service. Will be used as additional search criteria when the primary search yields multiple results
2210D	SVC	SVC01 -01	Product/Service ID Qualifier	AD ID HC NU	ADA Codes ICD-9 Codes HCPCS & CPTs REV Codes
2210D	SVC	SVC01 - 2	Service Identification Code		Provide the service code for the claim line. This will be used as a secondary criteria to look up claim service lines
2210D	SVC	SVC01 -03	Procedure Modifier		Provide the modifier if submitted as part

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
					of original claim. This will be used as a secondary criteria to lookup claim service lines
2210D	SVC	SVC01 - 04	Procedure Modifier		Provide the modifier if submitted as part of original claim. This will be used as a secondary criteria to lookup claim service lines
2210D	SVC	SVC01 -05	Procedure Modifier		Provide the modifier if submitted as part of original claim. This will be used as a secondary criteria to lookup claim service lines
2210D	SVC	SVC01 - 6	Procedure Modifier		Provide the modifier if submitted as part of original claim. This will be used as a secondary criteria to lookup claim service lines
2210D	SVC	SVC 102	Line Item Charge Amount		Provide the original submitted charges for this claim service line. Will be used as a secondary criteria to lookup the claim service line
2210D	SVC	SVC 107	Original Units of Service Count		Provide the service units when greater than 1. Will be used as a secondary criteria to lookup the claim service line
2210D	REF	REF01	Reference Identification Qualifier	FJ	Line item control number
2210D	REF	REF02	Line Item Control Number		Provide the line number indicated on original claim. Will be used as a secondary criteria to lookup the claim service line
2210D	DTP	DTP01	Date/Time Qualifier	472	Service date
2210D	DTP	DTP02	Date Time Period Format Qualifier	RD8	Date range
2210D	DTP	DTP03	Service Line Date		Provide from and to dates of service. If there is a single date, from date should equal to date. Will be used as an additional search criteria if the primary search yields

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
					multiple results
	SE	SE 01	Number of Included Segments		Indicate the number of segments
	SE	SE02	Transaction Set Control Number		Must equal the value provided in ST02

277 Response

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
	ST	ST01	Transaction Set Identifier Code	277	Health Care Claim Status Response
	ST	ST02	Transaction Set Control Number		Must match the number in SE02 at the end of the transaction
	BHT	BHT01	Hierarchical Structure Code	0010	Information Source, Information Receiver, Provider of Service, Subscriber, Dependent
	BHT	BHT02	Transaction Set Purpose Code	08	Status
	BHT	BHT03	Originator Application Transaction Identifier		Reference information identified for a specific transaction set
	BHT	BHT04	Transaction Set Creation Date		Creation Date
	BHT	BHT05	Transaction Type Code	DG	Response
2000A	HL	HL01	Hierarchical ID Number	1	The HL segment in Loop 2000A is the first HL segment in this hierarchical transaction
2000A	HL	HL03	Hierarchical Level Code	20	Information Source
2000A	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2100A	NM1	NM101	Entity Identifier Code	PR	Payer
2100A	NM1	NM102	Entity Type Qualifier	2	Non Person Entity
2100A	NM1	NM103	Name Last or Organizational Name		DDD
2100A	NM1	NM108	Identification Code Qualifier	PI	Payer Identification
2100A	NM1	NM109	Payer Identifier		Carrier ID The specific value will be indicated in a later version.
2000B	HL	HL01	Hierarchical ID	2	The HL Segment within the 2000B

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
			Number		Information Receiver Level Loop is the second HL Segment in the transaction.
2000B	HL	HL02	Hierarchical Parent ID Number	1	The level of the HL Segment to which this HL Segment is subordinate.
2000B	HL	HL03	Hierarchical Level Code	21	Information Receiver
2000B	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2100B	NM1	NM101	Entity Identifier Code	41	Information Receiver
2100B	NM1	NM102	Entity Type Qualifier	1 2	Person Non Person
2100B	NM1	NM103	Name Last or Organizational Name		Last Name if Person Organizational Name if Non Person
2100B	NM1	NM108	Identification Code Qualifier	FI	Federal Taxpayer Identification Number
2100B	NM1	NM109	Information Receiver Identification Number		Information Receiver's Federal Taxpayer Identification Number
2000C	HL	HL01	Hierarchical ID Number	3	The HL Segment within the 2000C Servicing Provider Level Loop the third HL Segment in the transaction.
2000C	HL	HL02	Hierarchical Parent ID Number	2	The level of the HL Segment to which this HL Segment is subordinate.
2000C	HL	HL03	Hierarchical Level Code	19	Provider of Service
2000C	HL	HL04	Hierarchical Child Code	1	Additional subordinate HL Data Segment in this hierarchical structure
2100C	NM1	NM101	Entity Identifier Code	1P	Provider
2100C	NM1	NM102	Entity Type Qualifier	1 2	Person Non Person
2100C	NM1	NM103	Name Last or Organizational Name		Last Name if Provider is Person or Organization Name Provider is Non Person
2100C	NM1	NM108	Identification Code Qualifier	SV	Service Provider Number

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2100C	NM1	NM109	Identification Code		Provider's AHCCCS ID Number
2000D	HL	HL01	Hierarchical ID Number	4	For DDD, this is the fourth and the last HL segment for the 277, as DDD members do not have dependents.
2000D	HL	HL02	Hierarchical Parent ID Number	3	The level of the HL Segment to which this HL Segment is subordinate.
2000D	HL	HL03	Hierarchical Level Code	22	Subscriber
2000D	HL	HL04	Hierarchical Child Code	0	Additional subordinate HL Data Segment in this hierarchical structure
2000D	DMG	DMG01	Date Time Period Qualifier	D8	Date in CCYYMMDD format
2000D	DMG	DMG02	Subscriber Birth Date		Member's birth date as it appears in the DDD database
2000D	DMG	DMG03	Subscriber Gender Code		Subscriber's Gender
2100D	NM1	NM101	Entity Identifier Code	QC	QC is used as Subscriber is the Patient
2100D	NM1	NM102	Entity Type Qualifier	1	Person
2100D	NM1	NM103	Name Last or Organizational Name		Member Last Name
2100D	NM1	NM104	Name First		Member First name
2100D	NM1	NM108	Identification Code Qualifier	MI	Member Identification Number
2100D	NM1	NM109	Subscriber Identifier		The member's AHCCCS ID
2200D	TRN	TRN01	Trace Type Code	2	Referenced Trace Number
2200D	TRN	TRN02	Trace Number		The trace number provider in the 276 will be included in the 277 response
2200D	STC	STC01-1	Health Care Claim Status Category Code		The applicable status category code from the 507-Health Care Claim Status Category Code list will be provided
2200D	STC	STC01-2	Health Care Claim		The applicable claim status code from the

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
			Status Code		508-Health Care Claim Status Code will be provided
2200D	STC	STC02	Status Information Effective Date		The effective date of the claim status will be provided
2200D	STC	STC04	Total Claim Charge Amount		The total billed amount from the claim will be provided
2200D	STC	STC05	Claim Payment Amount		If the adjudication process is complete the actual amount paid will be included. If the adjudication process is not completed zero will be included
2200D	STC	STC06	Adjudication or Payment Date		If the adjudication process is complete the payment date or final denial date will be provided
2200D	STC	STC07	Payment Method Code	CHK	Check Payment
2200	STC	STC08	Check Issue or EFT Effective Date		The payment date will be included, if known
2200	STC	STC09	Check or EFT Trace Number		The check number will be included for finalized paid claims. Please note that this # could be the Document# or the Warrant#.
2200D	REF	REF01	Reference Identification Qualifier	1K	Claim Reference Number (CRN)
2200D	REF	REF02	Payer Claim Control Number		The DDD Claim Reference Number (CRN) will be provided
2200D	REF	REF01	Reference Identification Qualifier	BLT	Institutional Claim Bill Type
	REF	REF02	Bill Type Identifier		Bill Type will be provided for institutional claims
2200D	REF	REF01	Reference Identification Qualifier	EA	Medical Record Identification Number
2200D	REF	REF02	Medical Record Number		Will be provided if Medical Record Number was included in the original claim
2200D	DTP	DTP01	Date/Time Qualifier	232	Claim dates of service

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2200D	DTP	DTP02	Date Time Period Format Qualifier	RD8	Date range
2200D	DTP	DTP03	Claim Service Period		Dates of service will be provided
2210D	SVC	SVC01 -1	Product/Service ID Qualifier	AD ID HC NU	ADA Codes ICD-9 Codes HCPCS & CPTs REV Codes
2210D	SVC	SVC01 -2	Service Identification Code		If value is provided, will be returned with the response
2210D	SVC	SVC01 -3	Procedure Modifier		If value is provided, will be returned with the response
2210D	SVC	SVC01 -4	Procedure Modifier		If value is provided, will be returned with the response
2210D	SVC	SVC01 - 5	Procedure Modifier		If value is provided, will be returned with the response
2210D	SVC	SVC01 - 6	Procedure Modifier		If value is provided, will be returned with the response
2210D	SVC	SVC 102	Line Item Charge Amount		The original submitted charges will be indicated
2210D	SVC	SVC 103	Line Item Provider Payment Amount		If the adjudication process is complete and claim is paid the actual payment amount will be indicated. Else, 0 will be indicated
2210D	SVC	SVC 107	Original Units of Service Count		Units of service will be provided when > 1
2210D	STC	STC01-1	Health Care Claim Status Category Code		The applicable status category code from the 507-Health Care Claim Status Category Code list will be provided
2210D	STC	STC01-2	Health Care Claim Status Code		The applicable claim status code from the 508-Health Care Claim Status Code will be provided
2210D	STC	STC02	Status Information Effective Date		The effective date of the claim line status will be provided
2210D	STC	STC04	Line Item Charge Amount		The total billed amount for the claim line will be provided

Loop ID	Segment ID	Element ID	Element Name	Valid Values	Definition/Format DDD
2210D	STC	STC05	Line Item Provider Payment Amount		If the adjudication process is complete the actual amount paid will be included. If the adjudication process is not completed zero will be included
2210D	REF	REF01	Reference Identification Qualifier	FJ	Line item control number
2210D	REF	REF02	Line Item Control Number		The value provided in the 276 will be returned in the response
2210D	DTP	DTP01	Date/Time Qualifier	472	Service date
2210D	DTP	DTP02	Date Time Period Format Qualifier	RD8	Date range
2210D	DTP	DTP03	Service Line Date		The from and to dates of service for the claim line will be provided
	SE	SE 01	Number of Included Segments		The number of included segments
	SE	SE02	Transaction Set Control Number		Must equal the value provided in ST02